Best Practices in Social Behavior Change/Risk Communication for vaccination demand

REGIONAL VACCINE HESITANCY WEBINAR I, Virginia Williams SBCC TA CAREC-ADB, 16 March, 2022



Social & Behavior Change (SBC)

An intentional process that seeks to understand and facilitate positive changes in behaviors, attitudes, and social norms as well as the contexts that drive them.

SUCCESSFUL SBC INITIATIVES APPLY:

Rigorous formative research, testing, monitoring and evaluation

Measurable objectives focusing on 1 or 2 behaviors and/or attitudes/norms

Evidence-based strategies based on behavioral determinants that go beyond messages to incorporate culture, existing norms, and community co-creation and engagement

Tailored messages and strategies to targeted audiences who are poised for change



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

Same steps and principles are important, but everything needs to be done more rapidly: i.e. it's the formula one racecar of SBC – Increased speed but with the same rigorous preparation.

Make sure your team has strong capacity in RCCE and can draw up a research and implementation plan quickly.







Innovative and Effective Means to Reach People During the Pandemic and into Vaccination

Digital Distribution and Research

- o Interactive Voice Response (IVR), WhatsApp (for low literacy), SMS (dissemination and data collection)
- Social Media (for urban, tech-saavy)

Community Engagement and Co-creation

- Capitalizing on existing community networks and connections, you may be able to gather more honest, in-depth responses and gather a greater number of responses for surveys and with FGDs.
- Utilize community champions (who people already feel comfortable talking to) to help build trust in the community.
- Use social art (music, dance, theater) to bring people together even while social distancing/precautions are in place, including info on vaccination

Community Outreach

- Via Mobile Health and Home-Visits by HW well equipped with communications protocols
- o Gender considerations and safety utmost importance

Addressing Access and Convenience

 $\circ~$ Build and supply prior to asking people to act



A Buddhist monk receives a Covid vaccine under the watchful eye of Bhutan's King Jigme Khesar Namgyel Wangchuck CREDIT: Upasana Dahal/AFP

The most successful and speediest vaccination campaign in the world

85% of its eligible adult population was vaccinated within the first week.

WHAT WORKED?

- Engagement of religious and other community leaders to address contextual influences of vaccine hesitancy such as religious, cultural and gender issues
- Improved convenience and access
- Targeted and tailored intervention to relevant populations with their specific concerns/barriers
- Employed healthcare workers ("dessups") as interpersonal communicators
- Multi-component interventions were most successful in shifting both attitudes and demand for vaccine

WHAT WORKED?

- Built on existing primary health care systems meet people where they are, setting up vaccination sites at universities and <u>stadiums</u>.
- Chile's MOH publishes a calendar that clearly <u>says who's eligible for a</u> <u>vaccine on what day</u>, no appointment necessary.
- o A national immunization

registry means it's easy to keep track of when people get their shots and when they're due for their second dose, no matter where they are.

 The #YoMeVacuno ("I get vaccinated") cards <u>that people have been posing</u> with on social media are just an added perk.



Older adults in line for a dose of China's Sinovac Coronavac vaccine at a vaccination center in Santiago. *Martin Bernetti/AFP via Getty Images*

Successful by meeting people where they are and creating an enabling environment

- 1) Define the Problem What's your target coverage?
- 2) Collect and Analyze Data
- 3) Define Target Audiences
- 4) Collect and Analyze Data again (Formative Research)
- 5) Prepare messages and strategies to reach and engage your audiences (not just about output)
- 6) Pilot, Revise, pilot again (A/B testing best)



ANALYZING VACCINE DATA May 2020 to Feb 1-15 2022 (Covidbehaviors.org)

Azerbaijan

70% of unvaccinated participants reported they will probably or definitely **not** get vaccinated **TRENDING DOWN Perceived Norms - 81%** of people believe all or most of the people are vaccinated

Kyrgyz Republic

78% of unvaccinated participants reported they will probably or definitely **not** get vaccinated **TRENDING UP Perceived Norms - 30%** of people believe all or most of the people are vaccinated

Pakistan

40% of unvaccinated participants reported they will probably or definitely **not** get vaccinated **TRENDING DOWN Perceived Norms - 30%** of people believe all or most of the people are vaccinated

Uzbekistan 18% surveyed tried to get vaccine 73% of unvaccinated participants reported they will probably or definitely not get vaccinated TRENDING UP NORMS -30% of people believe all or most of the people are vaccinated



WHY ACT? The Key Determinants of Behavior

Perceived Consequences

"I get rewarded."

Self-Efficacy/Skills

"It's easy, I know how to do it."

Social Norms

"It's what everyone is doing/I'm supposed to do."

Perceived Risk

"Am I or my loved ones likely to get COVID-19 and get seriously ill/die?" Perceived Access

"Is it low cost and easy to get to?



WHO do we target?

The Vaccine Hesitancy Continuum of Demand



Source: SAGE Working Group on Vaccine Hesitancy, Final Report. October 2014. MacDonald NE and SAGE Working Group on Vaccine Safety. Vaccine 2015; 33(34):4161-4.



WHO SAGE 3 Cs of Vaccine Willingness

- 1) Confidence: Encompasses trust in vaccines (effectiveness and safety), health professionals and services, and policymakers and governments more broadly. Perceived Risk
- 2) Convenience: Covers issues such as physical availability, affordability, and ability to understand the need for vaccination. Perceived Access
- 3) Complacency: Concerns risk perceptions about the risk of the vaccine-preventable disease, the importance of vaccination relative to other priorities, and self-efficacy (real or perceived) of individuals to obtain the vaccine. Self-efficacy

Source 1: https://www.who.int/immunization/sage/meetings/2014/october/1_Report_WORKING_GROUP_vaccine_hesitancy_final.pdf Source 2: https://africacdc.org/download/covid-19-vaccine-perceptions-a-15-

Inclusive targeting that reaches underserved audiences.

- Go with data, not assumptions about audience (social media, literacy, mobile (simple vs. smart)
- Utilize messengers who audiences respect
- Use delivery systems that make sense—in a rural or migrant setting that may be the community health worker, a radio spot telling people where to get a vaccine, or an SMS to someone with a phone who can share the message with his wife/sister/friend.
- Offer opportunities for forums and questions to be asked

Health Workers – A Key Asset

- 70% of Community Health Workers (CHWs) are women
- Uniquely qualified to access women in the home, and children
- Build their capacity in messaging and interpersonal communication
- Make sure monitors are also women (return to check vax rates)
- Ensure safety and protection via accommodation
- Living wage and accommodation (especially mobile units)



Vaccine promotion tools

Vaccine promotion narratives and their component messages should wherever possible be:

- Designed based on behavioral and social evidence
- Tailored to specific audiences meaning
- $\,\circ\,$ Tested and monitored before and during implementation

EXAMPLES:

- Rewarding those who get the vaccine with incentives & publicizing
- Framing vaccine as the new social norm
- Creating a testimonial campaign with emotional appeals
- Identifying powerful messengers for particular groups
 - \circ Scientists
 - Journalists
 - **o** Doctors and other health professionals
 - Traditional medicine practitioners
 - Local leaders or politicians Religious leaders
 - **Celebrities, such as musicians, athletes, actors, and social media influencers**
- Identifying and tracking misinformation and disinformation about COVID-19 and COVID-19 vaccines.
- Start a vaccine hotline (with consideration for women/low-literate audiences)









Helpful Resources

- <u>Communicating about COVID-19 Vaccines:</u> <u>A Technical Brief (USAID Breakthrough</u> <u>Action / JHCCP)</u>
- o <u>SBCC in Emergencies Toolkit</u>
- <u>READY RCCE Readiness Kit-</u> <u>Communicating with Communities in</u> <u>Epidemics and Pandemics</u>
- <u>RCCE Action Plan Guidance COVID-19</u> <u>Response (WHO)</u>
- Training for Information, Education, and Communication Officers (USAID INDIA)
- Home Visitors and Community Health Workers COVID-19 Vaccination Messaging Guide (World Vision)
- <u>TOOLS for Vaccine Hesitancy</u> Johns Hopkins Center for Communications Programs (JHCCP)

- International Vaccine Access Center (IVAC)
 Johns Hopkins Bloomberg School of Public
 Health (JHBSPH)
- <u>Global Outbreak Alert and Response</u>
 <u>Network</u> (GOARN) (WHO)
- Guidance on COVID-19 Communication and Data – <u>COVID Home Base</u> (USAID, JHCCP)
- <u>Gender related Barriers to Immunization</u> (CSIS recorded panel)
- <u>Communication about COVID-19 Vaccines: A</u> <u>Technical Brief</u> (JHCCP)
- <u>5 Ways to Boost Vaccine Hesitancy in</u> <u>Central Asia (ADB/CAREC)</u>





Helpful Resources, cont'd.

DATA SOURCES/VENDORS

The Compendium of Information on COVID-19 Vaccination and Communications (JHBSPH, IVAC)

<u>COVID Behaviors Dashboard</u> (JHCCP) Worldwide data on COVID vaccine behaviors (including some CAREC countries, not all)

Fraym.io - Advanced, hyper-local data on communities around the world via

geospatial mapping

Ourworldindata.org – COVID-19 vaccinations worldwide

<u>Datareportal</u> – Data landscaping on mobile and social media use in CAREC countries, not desegregated by smart vs. simple phones





THANK YOU

Digital Landscape

- Simple vs. Smart
- Access & Agency
- Traditional Media
- Social media costs



Source: Viamo

Share of people vaccinated against COVID-19, Mar 11, 2022





Source: Official data collated by Our World in Data

Note: Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

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